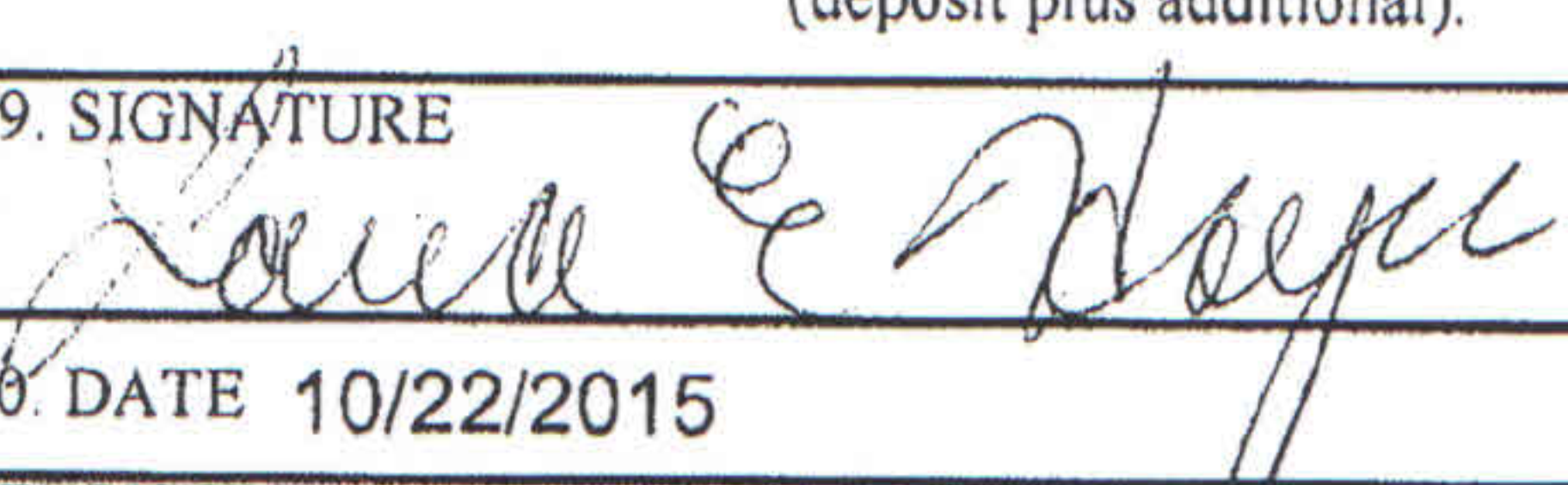


AO 435 AZ Form (Rev. 1/2015)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE: Lau	
1. NAME Laura E. Hayes		2. PHONE NUMBER (304) 340-3886		3. DATE 10/22/2015		
4. FIRM NAME Spilman Thomas & Battle, PLLC						
5. MAILING ADDRESS PO Box 273		6. CITY Charleston		7. STATE WV	8. ZIP CODE 25321-0273	
9. CASE NUMBER 5:14-cv-001166		10. JUDGE Selbert		DATES OF PROCEEDINGS		
				11.	12.	
13. CASE NAME Talkington v. Columbian Chemicals Company		LOCATION OF PROCEEDINGS				
		14. USDC, Northern Distr.		15. STATE WV		
16. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY		
				<input type="checkbox"/> IN FORMA PAUPERIS		
				<input type="checkbox"/> OTHER (Specify)		
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)						
PORTIONS		DATE(S)		PORTION(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				10/14/2015		
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		
30 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY		
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)		
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS lhayes@spilmanlaw.com		
19. SIGNATURE 				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE 10/22/2015						
TRANSCRIPT TO BE PREPARED BY Linda Mullen				ESTIMATE TOTAL 91.25		
ORDER RECEIVED	DATE 10/22	BY LSM	PROCESSED BY		PHONE NUMBER	
DEPOSIT PAID			DEPOSIT PAID		0	
TRANSCRIPT ORDERED	10/22	LSM	TOTAL CHARGES		91.25	
TRANSCRIPT RECEIVED	10/22	email	LESS DEPOSIT		0	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		0	
PARTY RECEIVED TRANSCRIPT	10/22	email	TOTAL DUE		91.25	

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